

SEA-MCH-241
Distribution: General

Regional Workshop on Implementing the WHO Reproductive Health Strategy

*Report of the Workshop
Pattaya, Thailand, 10–11 April 2007*



**World Health
Organization**

Regional Office for South-East Asia
New Delhi

© World Health Organization

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

December 2007

Contents

	<i>Page</i>
1. Introduction.....	1
2. Inaugural session.....	1
3. Panel discussions–Progress towards reproductive health goals: An overview.....	3
3.1 The Global Reproductive Health Strategy.....	3
3.2 UNFPA follow-up: Post ICPD.....	3
3.3 Framework for implementing RH strategy for the South-East Asia Region:.....	4
4. Panel discussions: RH Strategy and its implementation at the national level.....	6
4.1 Country presentations.....	6
4.2 Summary of evaluation reports on implementation of the Global RH Strategy.....	7
5. Panel discussions: Partnership in addressing key reproductive health issues.....	8
5.1 UNFPA Strategic Partnership Programme.....	8
5.2 Strengthening performance in reproductive health.....	8
6. Group work and presentations.....	10
7. Closing.....	15

Annexes

1. List of participants.....	16
2. Assessment of effectiveness of the workshop.....	18
3. Introduction to the group work.....	20

1. Introduction

As a response to resolution WHA55.19 adopted by the Fifty-fifth World Health Assembly, which recognized the slow progress made in improving reproductive and sexual health over the past decade and the need to accelerate efforts towards achievement of the international development goals, WHO, following consultations with Member Countries and partners, has developed a global Reproductive Health Strategy, which urged Member countries to further develop and strengthen their reproductive health programmes. The global RH Strategy was adopted through resolution WHA57.12 in May 2004. A framework for implementing the WHO Global RH Strategy outlines the areas of action and partnership for attaining of international RH goals.

The Regional Workshop on Implementing the WHO Reproductive Health Strategy held in Pattaya, Thailand, 10-11 April 2007, aimed at promoting the implementation of the WHO Strategy in the countries of the South-East Asia Region. The workshop was attended by programme managers, WHO Making Pregnancy Safer / Reproductive Health Research focal points from eight countries (Bangladesh, DPR Korea and India were not represented), staff representing the RHR Department, WHO/Headquarters, partner agency representatives from United Nations Funds for Population Activities (UNFPA), AusAID and JHPIEGO. The programme of the workshop and the list of participants are included as Annexes 1 and 2.

2. Inaugural session

Opening remarks were delivered by Dr PT Jayawickramarajah, WHO Representative to Thailand, on behalf of Dr Samlee Plianbangchang, Regional Director WHO South-East Asia Region. He welcomed the participants and stressed the importance of reproductive health in socioeconomic development and for achieving the Millennium

Development Goals (MDGs) and promoting gender equality. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, sexually transmitted infections (including HIV), gender based violence and other conditions related to reproductive system and sexual behavior.

He reiterated WHO's commitment to working with the Member countries to improve reproductive health through supporting development and implementation of national reproductive health strategies and evidence-based interventions. The WHO Global RH Strategy adopted by the Fifty-seventh World Health Assembly in May 2004 and its implementation framework were described as strategic approaches designed to assist the countries in achieving reproductive health needs and accelerating progress towards reproductive health by 2015. He highlighted the power of partnerships in translating the global strategies into national policies and programmes and contributing to achieving the MDGs.

Dr Michael Mbizvo, Senior Scientist, Office of the Director, Department of Reproductive Health and Research, WHO/HQ gave an overview of reproductive health issues globally and in the region. He noted that the Region contributed to one third of global maternal and newborn deaths annually. He highlighted the importance of the workshop in mobilizing regional and national level commitment and actions to respond to the challenges in achieving international targets for reproductive health; He emphasized the role of individuals and the global reproductive health partnership to fill the gaps and, most important, the responsibilities carried by reproductive health activists for the health and live of every individual who suffers problems related to reproductive health.

Dr Ardi Kaptiningsih, Regional Adviser, MPS/RHR, WHO SEARO introduced the objectives of the workshop which were (a) to share and analyze the existing reproductive health situation in the countries of the Region through the exchange of information and analysis of the updated RH data; (b) to identify the key issues, gaps and needs; (c) to review the current country level initiatives and facilitate development of country-specific approaches that introduce, adapt and apply evidence-based practices in reproductive health using the Global RH Strategy and the regional Framework for Implementation of the RH Strategy. She added that the outcomes of the workshop would help to determine WHO regional strategic and programmatic inputs in the biennium 2008-2009 and onward.

3. Panel discussions–Progress towards reproductive health goals: An overview

3.1 The Global Reproductive Health Strategy

Dr Mbizvo highlighted the global RH situation and the challenges faced by the international reproductive health community. He provided an overview of the WHO global RH strategy, which aimed at improving sexual and reproductive health and targeted five RH core elements: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections (STIs), including HIV, reproductive tract infections (RTIs), cervical cancer and other gynecological morbidities; and promoting sexual health. The strategy identified five key action areas: strengthening health systems capacity; improving information for priority-setting; mobilizing political will; creating supportive legislative and regulatory frameworks; and strengthening monitoring, evaluation and accountability. A conceptual model for implementing the five action areas of the strategy was elaborated, followed by suggested actions and samples of progress indicators.

3.2 UNFPA follow-up: Post ICPD

Dr Chaiyos Kunanusont, UNFPA Adviser, Country Support Team, Bangkok, Thailand, emphasized several points regarding the progress, diversity of achievements made by countries after International Conference on Population Development (ICPD) and the linkages between ICPD and MDGs. He highlighted three main observations:

- ICPD, 1994 had a significant role in focusing international attention towards RH as well as population and development issues. To attain MDGs and ICPD goals, universal access to RH must be achieved by the year 2015;
- Since ICPD there has been substantial progress in the major RH issues, including maternal and child health, family planning and sexually transmitted infections, however less attention and hence less progress was noticed in other areas, including RH malignancies, infertility and adolescents' reproductive health.

- The real magnitude of the RH problems might be hidden; the uneven progress may be due to socioeconomic factors and emerging challenges of globalization.

Regional and sub regional trends in selected RH indicators were presented: steady decline in total fertility rates in every sub region of Asia and the Pacific; increased levels of contraceptive prevalence in East Asia and moderate prevalence in South, Central and South-East Asia; and some improvements in access to RH services. Although progress was made towards decreasing maternal mortality rates, the results were diverse, with least progress attributed to the South Asia, which achieved a proportion of delivery by a skilled attendant of 36% in 2004, an increase of only 6% from 30% in 1990. Large inequalities exist between the rich and poor population groups in all countries, and the economic status of the families is one of the major determinants of reproductive health.

Dr. Chaiyos stressed the importance of looking more deeply of the underlying problems. Even in countries that showed substantial progress in improving aspects of reproductive health, there were groups of underserved populations. He outlined the following action areas: maintaining the achievements made in the family planning programmes; linking HIV and AIDS with SHI programmes in order to confront challenges of HIV/AIDS, unsafe abortion, especially among young people; increasing access to RH/MNH services among vulnerable/underserved groups; improving coverage for screening of malignancies; and enhancing partnerships and mobilizing resources.

3.3 Framework for implementing RH strategy for the South-East Asia Region:

Dr Ardi Kaptiningsih presented a draft regional framework, an adaptation of the WHO/HQs publication "Accelerating progress towards the attainment of international RH goals: A framework for implementing the WHO Global RH Strategy" by SEARO to assist the Region's countries in implementing the WHO global RH Strategy. The analysis of the current RH situation was highlighted. Maternal and newborn health remained the main challenge across countries. Although there was a decrease in the maternal mortality ratio, progress was too slow to achieve the MDG target of 75% MMR reduction from 1990 to 2015.

The 2005 data showed that Timor-Leste, Nepal, Bangladesh, India and Indonesia were the countries with high MMR, while Thailand, Sri-Lanka and DPRK had low MMR. In absolute terms, India contributed almost 80% of all maternal deaths in the Region due to its large population combined with high MMR. The variations between the country data and the WHO/UNICEF/UNFPA maternal mortality estimates for 2000 were attributed to the difference in methodology used as a basis for the estimates. (sisterhood method in the former and proportion of deliveries assisted by skilled attendants and fertility rates in the latter case). The reversed correlation between MMR and the proportion of deliveries assisted by a skilled attendant was demonstrated; countries with the highest MMR usually had the lowest proportion of deliveries assisted by a skilled attendant.

The distribution of the neonatal mortality in the Region had similar patterns with maternal mortality. Of 1.4 million total neonatal deaths in 2000, more than 1 million occurred in India alone, followed by Bangladesh, Indonesia, Myanmar, and Nepal. The contraceptive prevalence increased in many countries to a level of more than 50% of women of reproductive age using contraception; however, the unmet need for family planning remained high in Maldives (37%), Nepal (28%) and Timor-Leste (indicated by a very low CPR of 7%), often with a service gap for unmarried and adolescents. The gap in provision of family planning methods often leads to unwanted pregnancies, unsafe abortions, subsequent complications, chronic reproductive morbidities and death.

The information on STIs/RTIs was limited and mostly confined to the high-risk population groups. The 2006 report on the global AIDS epidemic estimated approximately 6.9 million people living with HIV in the Region an increase of about 3 million since 2003. More than 6 million people with HIV lived in India. The majority of HIV-positive individuals were young people. About 2 million of the total cases were women aged 15 plus; most common route of infection transmission was through sexual contact and IDUs; HIV prevalence among pregnant women remained relatively low but had been increasing.

The common causes of maternal deaths and the interventions to address them are known; the challenge is to bring the right intervention at the right time to a pregnant woman who needs it. Inequalities to access to skilled health care; adolescents' exposure to RH risks, including early

marriage, unprotected sex, and unsafe abortion; gender inequalities, inefficient organization of health service delivery and inadequate financing were specified as the barriers to progress. Areas of action and partnership and indicators for evaluating progress were explained which would be useful in developing country priority actions.

Dr Kaptiningsih also presented a paper depicting the population situation and policies in South-East Asia based on the World Population Policies 2005. The paper reflects population size and growth; population age structure; fertility and family planning; health and mortality; spatial distribution and internal migration and international migration trends from 1975 to 2005.

4. Panel discussions: RH Strategy and its implementation at the national level

4.1 Country presentations

Bangladesh, Indonesia and Myanmar presented their RH strategies and programme activities, challenges and future plans.

While the geographical, socioeconomic context varies among the three countries, there are common trends related to the reproductive health situation. Despite a declining trend observed during the past decade in the countries, maternal mortality ratios still remain high with marked geographical and economical disparities between population groups in terms of access and availability of MNH/RH services and skilled care at pregnancy, birth and postpartum. The issues of reproductive health have been prioritized at the highest government forums and plans in all three countries.

In Bangladesh, the national reproductive health priorities are reflected in the Health, Nutrition and Population Sector Plan (HNPS), Poverty Reduction Strategy, Maternal and Child Policy and Adolescents Reproductive Health Strategy. In Myanmar the 2004-2008 Reproductive Health Strategic Plan is based on the Reproductive Health Policy and aims to improve reproductive health of women, men and adolescents through five strategic directions: promotion and phased implementation of an essential package of RH interventions; improved quality, increased access

and reduced delay in care provision; development and strengthening of RH partnership and networks; strengthened monitoring and evaluation; and increased resource allocation. The strategies to reduce maternal mortality in Myanmar focus on prevention and management of obstetric emergencies and complications including unwanted pregnancies and complications.

The package approach to the provision of reproductive health care at the primary health care level was taken in Indonesia, with the essential reproductive health care package comprising family planning, maternal and child health, adolescent reproductive health and prevention and management of reproductive tract infections and HIV/AIDS.

Positioning reproductive health at the center of national development plans and translating policy commitments into the real, physical and financial commitments in Indonesia were identified as a challenge. Issues of leadership and management capacity, strengthening of health manpower and quality of reproductive health services were identified as common gaps.

Broad future goals articulated in the country presentations were to: (i) increase access to maternal, child and adolescents health services ensuring continuum of care across the life course and across different levels of health system, including communities and individuals; (ii) take a mainstream rights-and gender-based approach in achieving reproductive and sexual health and improving quality of life; (iii) mobilize political will and financial commitments for innovative and cost-effective strategies, including integration of services at the primary health care level.

4.2 Summary of evaluation reports on implementation of the Global RH Strategy

Dr Akjemal Magtymova presented a summary data from five countries: Bhutan, Indonesia, Maldives, Myanmar and Sri Lanka, based on the questionnaire "Assessing the Implementation of the WHO Global Reproductive Health Strategy by Member States" designed by Department of Reproductive Health and Research /WHO-Headquarter. Some common issues were: policies, plans, existing legislative and regulatory frameworks; information on service delivery, human resources for sexual and reproductive health and, data for priority-setting; evidence-based

interventions, monitoring & evaluation; local and international reporting; partnerships, information and media coverage; and research needs to strengthen RH programmes. Data gaps found in most of the countries included information on STIs/RTIs and HIV/AIDS, data on health financing, cost-benefit analysis and disaggregated information.

5. Panel discussions: Partnership in addressing key reproductive health issues

5.1 UNFPA Strategic Partnership Programme

Dr Katherine Ba-Thike, Department of Reproductive Health and Research, WHO/HQ presented an overview of the WHO-UNFPA Strategic Partnership Programme. SPP is a technical collaboration for enhancing synergy and complementarities within the UN system and international and national partners in improving RH through sexual and reproductive health evidence-based guidelines. The following best practice guidelines have been developed in collaboration with partner agencies: (a) four publications on family planning; (b) IMPAC series; (c) and STI tools, with systematic introduction at the national and operational level.

SPP progress and achievements were shared. The countries of intensified focus in SEA Region were: Bangladesh, Indonesia, Nepal and Myanmar. The utilization of guidelines at various levels ranged from advocacy for best practices, reference material for updating national guidelines, developing job aids and national strategies on sexual and reproductive health and development of training and development curricula. Working with partners - national and international institutions, academia and nongovernmental institutions- was the main approach.

5.2 Strengthening performance in reproductive health

Dr Jeffrey Smith, Regional Technical Director for Asia, JHPIEGO- presented the mission of the institution as “strengthening the performance to provide quality health care services for women and families” through “building service delivery and health workforce capacity through global and local partnerships”. Maternal and newborn health was one of the areas of collaboration between WHO and JHPEIGO and included: development of

evidence-based guidelines, programmes focusing on policy and clinical standards, human resource development and in-service training, community mobilization and service delivery. In Indonesia and Nepal JHPIEGO supported prevention of postpartum hemorrhage and promotion of skilled attendance at birth, complemented by mechanisms of distribution of Misoprostol.

JHPIEGO continued to promote policy, service delivery support and guidelines within the framework of the family planning programmes in Nepal, as well as in other countries in other regions. In Indonesia and Thailand JHPIEGO assisted in the prevention and treatment of cervical cancer through development of a single-visit approach, visual inspection with acetic acid and training of nurses and midwives for increased coverage. Other activities included standard-based management for improving performance and quality of service delivery and strengthening pre-service education, clinical practice as well as birth preparedness through community mobilization. Other programmes in Asia included: infection prevention, strengthening referral systems, supporting professional associations, counseling and communications training, strengthening supervision systems and public sector quality improvement.

Highlights of discussion

- The challenges and complexity of putting into practice the integration of HIV into existing RH services were discussed. It was argued that in the current context of HIV burden and corresponding attention to it from the donor community, the RH programmes were competing for funds and for utilization of the existing funds.
- Several issues related RH indicators were raised such as family planning indicators, skilled birth attendance and MMR. The correlation among several indicators was discussed taking into consideration the nature of each indicator. Countries should use more in-depth, disaggregated data to understand the situation. Also, broader socioeconomic determinants need to be analysed as their impact on the reproductive health indicators could be significant in some cases. How multiple determinants influence fertility and reproductive health indicators was discussed, using the example of Maldives, where the data shows low TFR and low contraceptive prevalence rate. The need to study the underlying causes including

socioeconomical determinants, by formulating a research question and conducting research was suggested.

- The issues of complexity of measuring MMRs, different country experiences in maintaining and updating databases; a wide range of uncertainties and confidence intervals in the estimates; the lack of disaggregated data on underserved and vulnerable groups were discussed. It was perceived that the establishment of multisectoral RH Task Forces should be advocated in every country in order to align, coordinate and mobilize commitment and resources for reproductive health programmes.
- On the WHO-UNFPA SPP experience of national commitment and strong ownership, with the national governments providing counterpart funding for SPP activities in some countries was highlighted. It was noted that WHO/UNFPA expertise was useful, particularly for advocacy for reproductive health issues and coordinating partnerships. SPP activities have also been seen as a catalyst for increased motivation to strengthen broader RH interventions within the countries.
- The use of Misoprostol tablets at the community level was discussed. WHO encourages the use of oxytocin and Misoprostol if oxytocin is not available - by service providers for active management of the third stage of labor, but not distribution of Misoprostol to women for use at their own discretion. It was also noted that malaria in pregnancy had been addressed in SEA counties through national and donor-supported programmes.

6. Group work and presentations

The session was chaired by Dr Myint Myint Than and Dr Chitramalie de Silva. All participating countries presented their group work results. Among the key reproductive health issues, all the countries identified the following common priority areas: weak health systems, weak capacity for generation and utilization of evidence-based data for planning and cost effective interventions and scaling up family planning and improving quality of services. Some of the common gaps inhibiting progress towards reproductive health at the national level and necessary actions included:

- While in general laws and legislative policies were articulated to safeguard the rights of individuals and couples for reproductive health, regulations and mechanisms for sexual and reproductive health were not in place.
- The importance of human resources development, which included pre- and in-service training, deployment, motivation and retention was stressed.
- The lack of national capacity in health management information systems, collection, retrieval, analysis and especially use of health information at various levels starting from local health managers to policy makers was discussed.
- The capacity of national institutions in research, operational research and surveillance for evidence-based decision-making is weak.
- While it was recognized that family planning programmes made considerable progress, often quality of care remained substandard and there was a lack of equitable access for reaching vulnerable groups of populations (adolescents, people residing in remote areas, etc).
- The lack of reinforcement of multisectoral partnerships through established Government-led RH Task Forces at the national level was discussed: The power and value of involving all actors to share in common efforts, including religious groups, was recognized.
- There are weaknesses in empowering women and communities against gender based violence, which affects a freedom of women's choice to exercise her rights to services and information.
- The lack of planning and management capacity, especially in the context of decentralized health systems was noted.
- Common monitoring and evaluation mechanisms in reproductive health, are to be strengthened at the national and subnational levels with the built-in ability of the routine and adhoc data collection methods to generate disaggregated data with a focus on vulnerable, high-risk groups (young people, the poor, underprivileged population groups, minorities, people with high-risk behaviour, etc).

- The lack of capacity for coordinated response for reproductive health emergencies was noted inclusion of an RH emergency preparedness package in the overall national emergency preparedness plans was one of the lessons learned from the recent experiences in the countries affected by emergencies.

The following were the specific issues emphasized for each country:

- **Thailand:** Teenage pregnancy, lack of coverage of safe motherhood programmes in the underserved population groups (e.g. hill tribes, slums, marginalized groups, migrant people and most of the population in the three southern provinces, and quality of family planning services were identified as the key RH issues requiring immediate action. The priority actions included: promoting adolescent-friendly health services activities, ensuring sustainable financing, stakeholder involvement in programme management and empowering adolescents and other vulnerable groups; strengthening research and surveillance systems; establishing a national board on adolescent reproductive health, advocacy through involving mass media and local governments, establishing an RH act and ensuring regulations and standards for RH service delivery. Areas in need of technical support : strengthening the surveillance system, technical and financial support for a best practice model for safe motherhood programmes and improving the quality of family planning services, with special attention to underserved populations.
- **Bhutan, Maldives and Timor-Leste:** The countries identified shortage of human resources, especially in rural areas, gaps in knowledge and behavior among individuals and communities, access to RH services especially for young people, inadequate infrastructure, equipment and supplies and lack of communication and transportation for referrals and weak monitoring as the key issues. Among priority strategic actions, development of human resources, strengthening monitoring and evaluation systems and capabilities, behavioral change communication strategies for individuals and communities, inputs for infrastructure and supplies, strengthening referral systems and protocols to improve institutional linkages were identified. Possible funding and technical support from UNFPA, WHO, AusAID and other donors was expected.

- **Indonesia** The key issues cited were inadequate emergency obstetric care among vulnerable populations, limited access to RH information and services for adolescents, management of family planning programme, rapid increase of HIV incidence among adolescents, and other RH morbidities, including RTIs, infertility, Cervical Cancer and female genital circumcision were. The priority action points identified were high-level advocacy for RH, enactment of new Health Law to reflect a chapter on RH/FP and maternal, child and adolescents' health, utilization of human rights tools to revise and synchronize local government regulations, pre-service and in-service training for development of human resources for RH, integration of RH services, commodity security, implementation of an insurance scheme for the poor and vulnerable, revitalizing the RH research network, strengthening RH information systems and improving knowledge and skills of programme managers for planning and monitoring of progress. WHO was requested to provide technical support in possible areas and assist in mobilizing resources from other donors/partners.

- **Myanmar:** The priority actions were grouped under the areas of safe motherhood, teenage pregnancy, birth spacing, high prevalence of HIV among pregnant women and adolescents and comprehensive RH issues, including Cervical Cancer, infertility, health of the elderly and violence against women. The need for technical and financial support was expressed in all the above areas for research, updating and analyzing data. Concrete needs/actions included: development and adaptation of a counseling manual for birth preparedness and complication readiness; advocacy meeting on adolescents and RH, review of the existing laws and legislation related to RH, research on health risk behaviors among youth in selected townships, addressing RH through strengthening provision of a comprehensive RH package of services, revitalizing birth spacing services through establishing needs-based assessment, review and update of existing training manuals on counseling and service provision; research to identify the factors influencing low utilization of RH services and strengthening supportive supervision.

- **Sri Lanka:** The key RH issues included lack of coordination, disparities in coverage of RH Services, unmet needs for contraceptives and lack of services for sub-infertile couples, quality of MNH and FP services, weak human resources management for RH services, lack of SRH for young people and sociocultural barriers to promotion of sexual health. The suggested actions were the establishment of a high-level RH task force, strengthening of coordination at the local level, establishment of a common monitoring mechanism for RH, developing and implementing emergency preparedness plans and training for RH, operational research and review of existing guidelines and protocols on abortions, improved availability and quality of FP services on demand, establishment of a human resource plan to support RH services and scaling up of access to youth-friendly health services.
- **Bangladesh** identified poor access to a range of quality of RH services as a key issue with the actions to be focused on are advocacy among national, local authorities and stakeholders on the RH issues, especially in the problems of unsafe abortion, issues of gender-based violence, RTIs/STIs/HIV prevention and other reproductive tract morbidities including Cervical Cancer, strengthening human resources; improving performance of the health information system; utilization and analysis of disaggregated data; improving research capacity; and ensuring linkages between RH and other programmes. The following gaps for technical and financial support were identified: Strategic Partnership Programme for adaptation of RH tools and guidelines, initiatives on women's empowerment, capacity building of MoPH staff for monitoring and evaluation and use of data especially at the local level for evidence-based planning.
- **Nepal:** The RH situation was reflected in high MMR and NMR, with low proportion of deliveries by a skilled attendant, a high proportion of direct obstetric causes of maternal deaths, high unmet need for family planning, issues of unsafe abortion, and obstetric complications, low socio-economic status of women. The problems were aggravated by the weak health system capacity for management and delivery of services, generation and use of information for priority setting and decision-making, poor quality of services and inadequate financing for sexual and

reproductive health. The priority actions included: maximizing human resources for health; strong incentive-based retention policies; updating pre-service curricula; assessment and planning of human resources and staffing for sexual and reproductive health; building planning, management and leadership capacity of MoPH at all levels, including generating and utilization of data; building capacity of local research institutions; advocacy for political and financial commitment; increased awareness of existing RH laws and legislation and advocacy through the rights approach; capacity building in strengthening monitoring and evaluation and systems for generation and use of good quality disaggregated data for inclusive planning.

7. Closing

In the closing session Dr Kaptiningsih reiterated the areas where the WHO-SEARO could assist the countries, in particular, mobilizing resources and technical support for the country priority actions. SEARO would be willing to assist the countries in elaborating their key issues into proposals. Some seed funds could be provided by SEAR for countries in order to attract external funding or required technical assistance. Dr Saramma Mathai expressed the readiness of UNFPA to collaborate with the countries in their efforts to improve reproductive health through both its country and the regional technical support offices.

Dr PT Jayawickramarajah congratulated the meeting on its work and the outcomes of the group discussions. He stressed the importance of human resources for health and reproductive health in particular. Dr Michael Mbizvo thanked the participants for the rich discussions and contributions. He emphasized the issues of accountability and translating plans and decisions into practical actions for a particular individual whether a mother, a child or a teen. The important ingredient of accountability was planning, which includes identified actions, indicators, milestones and agreed benchmarks. In the context of scarce financing and competition for resources, lobbying governments, advocating for the reproductive health of individuals becomes very crucial. He concluded the workshop by thanking all the participants, resource persons and the organizers.

Annex 1

List of participants

Country participants

Bhutan

Ms Pem Zam
Programme Officer, Reproductive Health
Department of Public Health
Ministry of Health
Thimphu

Ms Yangchen Pelden
Administrative Officer/Programme Officer
National Women's Association of Bhutan
Thimphu

Indonesia

Dr Sri Hermiyanti
Director of Mother's Health
Ministry of Health

Dr Trisnawaty G. Loho
Head of Subdirector of Reproductive
Health Prevention
Ministry of Health

Dr Suryono SI Santoso
President, Indonesian Society of Obstetrics
and Gynaecology, Jakarta

Maldives

Mr Ahmed Khaleel
Assistant Director General
Department of Public Health, Male

Myanmar

Dr San San Oo
Assistant Director
(Maternal and Child Health)
Department of Health
Yangon

Dr Yin Yin Soe
Associate Professor/Consultant
Department of Obstetric and Gynaecology
University of Medicine (II)
Yangon

Dr Myint Myint Than
Deputy Director (WCHD)
Department of Health
Yangon

Nepal

Ms Mangala Manandhar
Family Health Division
Ministry of Health and Population
Kathmandu

Dr Sita Pokharel
President, All Nepal Women's Organization
Kathmandu

Sri Lanka

Dr Chitramalie de Silva
Consultant Community Physician
Family Health Bureau
Ministry of Health

Dr G Weerasinghe
Consultant Venerologist
Teaching Hospital, Ragama

Thailand

Dr Somyos Deerasamee
Inspector General
Ministry of Public Health
Tel: 66 2590 1487
Fax: 66 2590 1431
E-mail: somyos@health.moph.go.th

Ms Yupa Poon khum
Public Health Technical Officer
Reproductive Health Division
Department of Health
Ministry of Public Health

Mrs. Nitaya Bhunthuwate
Technical Health Officer
Bureau of Non-Communicable Diseases
Department of Disease Control
Ministry of Public Health

Ms. Nattaya Boonpakdee
Programme Manager, Health Sexuality
Programme
Thai Health Promotion Foundation
c/o Women's Health Advocacy Foundation

Development partners

AusAID

Ms Alexandra Robinson
Manager, Health Taskforce, AusAID

JHPIEGO

Dr Jeffrey M. Smith
Regional Technical Director for Asia
JHPIEGO, Johns Hopkins University

UN agencies

UNFPA

Dr Chaiyos Kuanusont
Regional Adviser on HIV/AIDS and STIs
UNFPA CST Bangkok

Dr Saramma Thomas Mathai
Reproductive Health Adviser
UNFPA CST for South and West Asia

Dr. Peden Pradhan
Assistant Representative
UNFPA, Nepal
Email: pradhan@unfpa.org

Dr. Roushon Ara Begum
National Professional Project Personnel
Safe Motherhood

Dr Chandani Galwaduge,
RH NPO, UNFPA
202-204 Baudhdhaloka Mawatha
Colombo-7
Sri Lanka

WHO

HQ

Dr Michael Mbizvo
Coordinator, Director's Office
Reproductive Health and Research Department

Dr Katherine Ba-Thike
Area Manager for Asia and the Pacific
Reproductive Health and Research Department

SEARO

Dr Ardi Kaptiningsih
Regional Advisor
Making Pregnancy Safer
Reproductive Health and Research

Dr Akjemal Magtymova
Reproductive Health and Research

Country Offices

Bangladesh

Dr Long Chhun
Medical Officer
Making Pregnancy Safer
Reproductive Health

Bhutan

Mr Dorji Phub
NPO Making Pregnancy Safer
Reproductive Health and Research

Indonesia

Mrs. Imma Batubara
NPO
Making Pregnancy Safer
Reproductive Health and Research

Myanmar

Dr Gita Maya Koemarasakti
Medical Officer
Making Pregnancy Safer
Reproductive Health and Research

Nepal

Dr Vijaya Manandhar
NOO-Reproductive Health

Sri Lanka

Ms Nina Hakamies
Junior Professional Officer

Thailand

Dr Somchai Peerapakorn
NPO for WHO Programmes

Timor-Leste

Dr Telma Joana Cortereal de Oliveira
Officer-in Charge for
Making Pregnancy Safer
Reproductive Health and Research

Annex 2

Assessment of effectiveness of the workshop

The results of assessment of effectiveness of the workshop revealed the following:

- To what extent the objectives of the workshop were accommodated?
88% of the respondents answered that the objectives were fully accommodated.
- Whether the agenda of the workshop were relevant to achieve its objectives?
88% of the respondents answered that the agenda of the workshop was relevant to meet its objectives.
- Were the outcomes of the workshop relevant to the needs of your country?
70% of the respondents answered that the outcome of the workshop were fully or relevant to the needs of their country and 30% answered that the outcomes were relevant to the large extent.
- Were working papers presented substantive to the needs of the workshop?
88% of the respondents answered that the working papers were substantive to the needs of the workshop while 12% believed that they were effective to the large extent.
- Was the WHO-SEARO staff technical support adequate in achieving your expectation?
89% of the answers reported highest marks and 12% responded as adequate to the large extent.
- Were the resource persons/ technical support adequate in achieving the objectives?
89% of the answers were positive and 12% - as adequate.

- Did you find opportunity to exchange information with other participants?

82% reported as per highest mark, while 12% - to the large extent and 6% - felt that the opportunity was found, although somehow limited.

- Are you in a position to integrate the outcomes of the workshop to the national work plan?

12% of the respondents were fully confident of their ability to integrate the outcomes of the workshop into their national plans; 47% were very confident to the large extent, 29% - confident with some degree of uncertainty while 6% were not sure.

- On management:

84% of answers gave the highest mark for the management of the workshop, while the remaining 16% assigned lower grades attributed to transportation.

Annex 3

Introduction to the group work

Group work: Tuesday, 10 April 2007, 14:15-17:00

Presentation of Group Work: Wednesday, 11 April 2007, 08:30-10:00

Objectives

- (1) To identify key reproductive health issues for country;
- (2) To develop country approaches to address them and identify necessary support from WHO/UNFPA/other potential agencies;
- (3) To review appropriateness of country data sheet and provide inputs for the two regional documents ("Framework for Implementing RH Strategy for the South-East Asia Region" and "Population Situation and Policies in the South-East Asia Region").

Process

- (1) Participants are assigned into three groups:
 - Group 1: for participants from Bangladesh, Nepal and Sri Lanka.
 - Group 2: for participants from Indonesia, Myanmar and Thailand.
 - Group 3: for participants from Bhutan, Maldives and Timor-Leste.

Other participants serve as resource persons: WHO/HQ and ROs, UNFPA CST, JHPIEGO, AusAID

- (2) Each group is to select a chair, reporter, and a time-keeper and have a consensus on their responsibilities.
- (3) In each group, participant(s) from each country work together on their data and use their knowledge and understanding on the country RH programme situation and the needs to:

- identify the key RH issues/problems and prioritize them;
- develop country approaches to address priority RH issues/problems;
- identify necessary support from WHO/UNFPA/other potential agencies.

The attached format/matrix can be used by each country sub-group (the matrix can be modified, as necessary).

- (4) At least half an hour before the end of the group work (16:30-17:00), all country sub-groups in each group work together in order to:
 - share the sub-group work results and provide comments, as necessary;
 - exchange ideas and experiences;
 - combine the sub-groups' work results in each group and develop a consensus on the contents of presentation for the group.

Expected product

- (1) List of priority RH issues by country in each group.
- (2) Country approaches/actions to address priority reproductive health issues/ problems in each country and identify necessary supports from WHO/UNFPA/other potential agencies.
- (3) Comments on appropriateness of country data sheet and inputs for finalizing the two regional documents (“Framework for Implementing RH Strategy for the South-East Asia Region” and “Population Situation and Policies in the South-East Asia Region”).

Key RH issues	Recommended priority actions					
	1. Strengthening health system capacity	2. Improving information for priority setting	3. Mobilizing political will	4. Creating supportive legislative and regulatory frameworks	5. Strengthening monitoring, evaluation and accountability	6. Remarks and necessary support needed